

10/582230

AP3 Rec'd PCT/PTO 09 JUN 2008

APPLICATION DATA SHEET

APPLICATION INFORMATION

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|--------------------------|---|
| Application Type:: | REGULAR |
| Subject Matter:: | UTILITY |
| CD-ROM or CD-R?:: | NONE |
| Title:: | METHOD AND SYSTEM FOR AUTOMATED LOCATION-DEPENDENT RECOGNITION OF FLOOD RISKS |
| Attorney Docket Number:: | 292360US2PCT |
| Total Drawing Sheets:: | 7 |

INVENTOR INFORMATION

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|---|-----------------------|
| Applicant Authority Type:: | INVENTOR |
| Primary Citizenship Country:: | Belgium |
| Status:: | FULL CAPACITY |
| Given Name:: | Hans |
| Family Name:: | FEYEN |
| City of Residence:: | Hinwil |
| Country of Residence:: | Switzerland |
| Street of Mailing Address:: | Baretswilerstrasse 22 |
| City of Mailing Address:: | Hinwil |
| Country of Mailing Address:: | Switzerland |
| Postal or Zip Code of Mailing Address:: | 8340 |

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|---|-------------------|
| Applicant Authority Type:: | INVENTOR |
| Primary Citizenship Country:: | Germany |
| Status:: | FULL CAPACITY |
| Given Name:: | Jens |
| Family Name:: | MEHLHORN |
| City of Residence:: | Zurich |
| Country of Residence:: | Switzerland |
| Street of Mailing Address:: | Feldeggstrasse 77 |
| City of Mailing Address:: | Zurich |
| Country of Mailing Address:: | Switzerland |
| Postal or Zip Code of Mailing Address:: | 8008 |

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Switzerland
 Status:: FULL CAPACITY
 Given Name:: Christoph
 Family Name:: OEHY
 City of Residence:: Zurich
 Country of Residence:: Switzerland
 Street of Mailing Address:: Zschokkestrasse 25
 City of Mailing Address:: Zurich
 Country of Mailing Address:: Switzerland
 Postal or Zip Code of Mailing Address:: 8037

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

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|------------------|-------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | National Stage of | PCT/CH05/00365 | 06/30/05 |

FOREIGN PRIORITY INFORMATION

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|---------------------|-----------|---------------|--------------------|
| Application Number: | Country:: | Filing Date:: | Priority Claimed:: |
| PCT/EP04/51317 | Europe | 06/30/04 | YES |

ASSIGNMENT INFORMATION

Assignee Name:: Swiss Reinsurance Company
 Street of Mailing Address:: Mythenquai 50/60
 City of Mailing Address:: Zurich
 Country of Mailing Address:: Switzerland
 Postal or Zip Code of Mailing Address:: CH-8022